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THREE YEARS' EXPERIENCE

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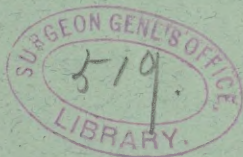
Sanitarium Treatment of Pulmonary Diseases
near Boston.

BY

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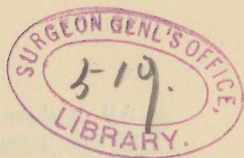
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THREE YEARS' EXPERIENCE WITH SANITARIUM TREATMENT OF PULMONARY DISEASES NEAR BOSTON.¹

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In presenting to you the results of treatment of pulmonary diseases in the last three years at the Sharon Sanitarium in Sharon, Mass, near Boston, I do not claim anything strikingly original; but the results obtained thus far are, I feel, of sufficient interest and importance for me to ask your attention for a short time, with the hope of convincing others that similar methods adapted under like conditions, may bring forth equally good, even better, results than these.

Some of you may remember that about four years ago, at a meeting of this Society, I mentioned the fact that, through the generosity of wealthy people interested in the scheme, Dr. R. W. Lovett and I had the intention of erecting a small sanitarium for the treatment of people of very limited means (the most difficult class to reach) who were *just beginning* to show signs of tubercular disease of the lungs, and who from lack of means are unable to seek distant health resorts. In that paper I briefly mentioned the various sanatoria now well known to the whole profession, namely, Goerbersdorf in Silesia, Falkenstein near Frankfurt-on-the-Main, Dr. von Ruck's in Asheville, N. C., Dr. Trudeau's at Saranac in the Adirondacks, the Bellevue and Glockner Sanatoria at Colorado Springs, and others in California.

¹ Read at the meeting of American Climatological Association at Washington, D. C., May 30, 1894.

All of these institutions are more or less remote from our great cities, and are situated in climates which in themselves are considered favorable for consumptives; the exception possibly being Falkenstein in Germany, which is not many miles from Frankfort-on-the-Main, yet this institution has the advantage of being at a considerable altitude (about 1,500 feet above sea-level), and is intended for the wealthier classes.

The Sharon Sanitarium has these distinctive features, and so far as I know is the only one in this country which combines the following conditions, namely, that it is within easy access of Boston, situated in our New England climate, which is notoriously unfavorable for consumptives, at an altitude of about 400 feet only, and is intended for the use of people of very limited means, like teachers, shop-girls, etc., not for the wealthier classes, and is supported chiefly by public subscriptions.

Our friend and late member of this Association, Dr. Paul Kretschmar, four or five years ago in two or three papers, strongly urged the establishment of these institutions in the vicinity of our great cities in properly selected healthy regions; and had not his labors been cut short by death, I do not doubt that before this some establishment similar to that now in Sharon would have been founded near Brooklyn and New York.²

It goes almost without saying, and yet it is a point I especially wish to emphasize, that I have never hoped to obtain such results as are shown by the removal of consumptive patients to more healthful climates than can be found in New England. Such a claim would be foolish in the extreme, but I have been confident

² Since beginning to write this paper I have been gratified to hear that a similar project has been started in New York under the guidance of our *confrères*, Drs. A. L. Loomis and Charles E. Quimby.

that much more could be accomplished than by the usual methods employed in the above-mentioned cases. I am sure there is not a physician before me to-day who, time after time when finding symptoms of incipient pulmonary disease in some excellent young man or woman, has not had the disheartening question come to him, "What can I do to help this patient with little or no money at his or her disposal?" We all know the usual result in such cases. Routine treatment of cod-liver oil, cough syrups, advice to get into the open air, to eat good food, etc., with the knowledge that in the vast majority of cases it means a slow and steady going down-hill of the patient. We know, too, what the result is usually of advising patients to go out into the country to live in the ordinary cheap American boarding-house, with draughty, poorly-warmed rooms and badly-cooked food. Improvement may come for the time, but usually the same result follows sooner or later. In such cases I have felt for several years if I only had some place in the country comparatively near, under my control, where people could be under medical supervision with proper hygienic and dietetic treatment that a good deal more could be done than heretofore to reduce the death-rate from consumption among my poorer patients.

The Sharon Sanitarium is a large wooden building situated on a high gravelly knoll which slopes towards the south, and is sheltered on the north, west and east by heavy pine woods. It was built especially for the purpose, and can accommodate at present only nine women patients, but in the future the directors hope to obtain sufficient funds to erect cottages near the present building for the accommodation of both sexes.

It is so constructed as to obtain as much fresh air and sun-light as possible by means of numerous windows and open fireplaces in every room.

Each patient has her own special bedroom. Broad piazzas enable the inmates to be much of the time out of doors, even in the coldest weather, either walking or lying well wrapped up in reclining-chairs.

The interior walls are painted not papered, the floors are of hard wood, both being frequently wiped or mopped with damp cloths, and are never dusted or swept. Rugs, and no fixed carpets, are used.

The strictest rules are made for the destruction of the sputa. Large cuspidors filled with damp sawdust are on the lower floor, and the contents destroyed by fire. The "Sanitas paper cups" are used at the bed-side; and when upon the grounds each patient is provided with a rubber pouch filled with a roll of Japanese paper, which is destroyed also by fire upon the patient's return to the house.

In short, every precaution is taken to prevent possible infection from the chief source of danger, according to our present knowledge, the dried sputa.

Inasmuch as I believe that my hopes have been justified by the results thus far obtained, although the work has been of necessity, up to the present, somewhat limited, I present the following facts for your judgment:

Since the opening of the sanitarium on February 9, 1891, 51 patients have been received, the comparatively small number being due to the prolonged stay necessary in such cases.

Three patients did not remain long enough to receive treatment, and are therefore not considered.

Of the remaining 48, eight proved to be cases of bronchitis, and were discharged "well."

Of the 40 cases classed as various forms of phthisis, 10 have been discharged as "arrested cases," that is, where cough and expectoration have ceased and the physical symptoms have either disappeared or else

have shown the usual signs of a cessation of active processes.

In no case have I used the term "cured," although in the majority of the arrested cases, as far as outward appearances are concerned, the term would have been justifiable; yet the treacherous nature of the disease demands perhaps a longer interval of time before we are justified in using the more absolute term. Several of the patients, however, have been away from Sharon more than a year and a half, and we continue to get the most excellent accounts of their health.

Of these 10 "arrested cases," two upon entrance showed signs and gave histories of trouble dating back at least a year or two, and were not what could be classed as strictly "incipient cases." Both lungs were involved in the first of these cases, the disease being more of the fibroid variety. The right lung in the other case was affected with a rather advanced catarrhal form of phthisis. The former, a more advanced case than I now accept at the sanitarium when possible to avoid it, left after a stay of a few months with an almost entire lack of abnormal symptoms (that is, absence of cough, sputa and fever), feeling "stronger than for nine years previously," and remained in this condition until about a year ago when an unfortunate combination of events, namely, swallowing by mistake a dose of ammonia, the presence of two tape-worms, and a severe attack of *la grippe* so reduced her strength and renewed the old trouble that she applied again for entrance this winter with an access of pulmonary trouble which was only partially relieved by a short stay at the sanitarium.

The other case left Sharon against advice soon after the cough and expectoration were gone, and resumed, unfortunately, her previous laborious occupation of teaching. She remained, however, in about the same

condition for over a year, when she suddenly died after a short illness of two or three days, the nature of which I could not learn from her physician; but she had continued her teaching up to that time, and had seemed in fairly good condition until shortly before her death.

Of the other eight "arrested cases" I have the most excellent accounts, with one exception. She has not communicated with me or her other physician, Dr. J. E. Goldthwait, for over a year, but at last accounts was feeling well; and inasmuch as she promised faithfully to let us know if anything should go wrong, we have reason to believe she is doing well, although we have lost sight of her for the present.

All of these cases have been away from the sanitarium more than a year; most of them nearly two years, with one exception. She was discharged last autumn, and is now living in the country, whence she writes most enthusiastically of her "perfect health," "better than ever in my life before."

The details of these cases I shall print with my paper, but forbear to read them now, owing to lack of time and for fear of wearying you.

In only three of these cases were bacilli found in the sputa, and possibly the results may be challenged in consequence. In reply, I can only say that experience has shown us that for months we may examine the sputa in vain to find bacilli, when the physical signs give us the strongest evidence of phthisical disease, and the absence of bacilli is no proof of the absence of incipient tubercular trouble. On the contrary, in all of these cases many or all of the symptoms which we recognize as those of incipient pulmonary tuberculosis were present, namely, hæmoptysis, cough, sputa, loss of flesh, fever, night-sweats, malaise, variation in the percussion note, respiratory murmur, etc.,

—symptoms in themselves of vastly greater clinical significance to my mind than the mere absence or even presence of bacilli.

Of the 13 cases recorded as “much improved” (by which is meant a marked increase in general strength, weight, marked diminution or cessation of cough and expectoration with decided improvement in the physical signs), one (No. 33) is soon to leave as an “arrested case,” all signs having disappeared, the patient being fat and well after a stay of nearly two years. One (No. 31) who had marked signs at the base of the right lung, will also probably leave this summer with few or no abnormal symptoms after two years’ stay. One (No. 49) with hæmoptysis and slight signs in the right lung, gained 28 pounds in nine months; is the picture of health and strength; and if all continues favorably, will be discharged this summer. One (No. 42) who entered January, 1893, with a diffuse bronchitis in addition to incipient trouble at the apex of the left lung, has long since shown little or no sign of pulmonary disease, but has been a great sufferer from uterine disease and obliged to undergo a severe surgical operation, and is now at the Vincent Memorial Hospital in Boston for that purpose. One (No. 50) who entered for hæmoptysis, cough, etc., with slight signs in the right lung, gained $14\frac{1}{2}$ pounds in four and a half months, the cough and expectoration diminished greatly and the general condition greatly improved. Having been offered a home in the foot hills of California with an aunt, the patient is now there with a good prospect of recovery. One (No. 29) sent by Dr. F. I. Knight, having been nursed through several violent hæmoptyses during which she nearly died, after a stay of four months and a half, left the sanitarium bright and strong, with marked diminution of all signs; was married, and went to live in Boerne, Texas, where she

steadily improved, but died lately from puerperal fever.

The foregoing six cases, and three others, were "incipient cases," while others of those who were "much improved" were in more or less advanced stages of disease. Bacilli were found in all but two of these cases (Nos. 31 and 33). Both of these cases, however, have had evidences of pulmonary disease such as hæmoptysis, cough with sputa, malaise, a loss of flesh, more or less fever, night-sweats, etc., and in one (No. 31) marked signs at the base of one lung persisted for months.

Of the six classed as "improved," that is, in whom there was some slight amelioration of abnormal symptoms temporarily, four (Nos. 12, 16, 39 and 51) were well advanced cases, and two (Nos. 43 and 46) were incipient cases, who for various reasons failed to obtain much benefit from their stay and left Sharon.

Bacilli were found in the sputa of these six cases in varying quantities.

Of the eleven cases classed as "not improved," seven were in far advanced stages of the disease (severe cough, marked emaciation, cavity formation, etc.); two had well-marked disease; and two were "incipient cases," who went rapidly down-hill in spite of all treatment, and left Sharon after a stay of a few months.

In all of these, except four, bacilli were present in the sputa; and in the cases where they were not found, other evidences of marked pulmonary disease were present.

In looking over these records, then, I think we may feel justified in holding the views already expressed, namely, that a great deal more can be done than hitherto in the neighborhood of our great cities in harsh climates for this most unfortunate class of patients.

Again I say that, in comparing the results with those obtained in more healthful climates, the percentage of those who are benefited is, of course, much smaller in the former than in the latter case; but that is no reason for hindering our efforts to improve present conditions for those who cannot go so far from home.

The fact that present results, moreover, have been accomplished under somewhat adverse circumstances has its encouraging side; and we feel confident that the experiment is but a stepping-stone to better and more far-reaching results, which can be obtained chiefly through larger funds, which will surely come as the institution becomes more widely known.

ADVANTAGES OF SANITARIUM TREATMENT.

This is an important point, and one upon which I wish to dwell a little.

There is among the community a perfectly natural dislike at first thought towards the idea of bringing a number of consumptive patients together under one roof, as it were. Even among physicians we find this prejudice existing; and before the Sharon Sanitarium was opened it was one of the chief objections in my own mind, so much so that when making visits to celebrated sanatoria both in this country and in Europe, it was one of my first questions, "What effect do you notice from the proximity of the patients to each other?" In every case I found the objection proved to be practically *nil*.

Doubtless, to one casually visiting a sanitarium where all stages of the disease are received, the effect is at first most sad and depressing; but it has been almost the universal experience of those who have had charge of these institutions that, although there may be a certain amount of depression at first, it wears off in a comparatively short time, especially where symp-

toms of improvement appear. Certainly I can add my testimony to this fact.

On the other hand, the advantage to be obtained from keeping patients under medical control for a longer or shorter period, as contrasted with the haphazard methods of sending them into the country, or even to distant health resorts to live in hotels or boarding-houses, to follow out their own inclinations, — the advantages of the former method, I say, are such that only the most prejudiced observer could deny them.

The ideal way, doubtless, would be for each patient to select his own health resort, away from all invalids, and to keep himself under the sole control of a special physician; but how many of the thousands afflicted with this disease have the means to adopt such measures?

Under sanitarium treatment, unfavorable symptoms can be watched more carefully and prompt measures taken to check them. The regular methods to which the patients become accustomed are also especially beneficial in their life after discharge; and at Sharon constant endeavors are made to secure other modes of self-support than those in which the trouble began.

It has been the endeavor of the management to receive only such cases as are showing the very earliest symptoms of phthisis, although the rule was infringed in several cases at first, before the sanitarium was well known; then, too, others have entered at the recommendation of physicians who have not realized the full extent of the trouble, and rather extensive disease has been found.

If patients do not improve after a stay of several weeks, or run rapidly down-hill, it is always understood among the friends that other measures must be adopted, the reason for this rule being that we do not

pretend to make it a hospital for very sick patients, which would defeat the very purpose for which the sanitarium was founded.³

METHODS OF TREATMENT.

Hitherto the almost daily visits of efficient medical assistants at the sanitarium has been a marked factor in obtaining any favorable results; but the constant supervision of a competent resident physician is what we now desire. This I believe to be a necessity for the best results.

The chief aim at the sanitarium always has been to teach the patients that fresh air and good food are essential for recovery. Judicious exercise, according to the capacity of each patient, is enforced. At first only exercise on the piazza is allowed, until the strength of the patient is tested, and especially if there is a hæmorrhagic tendency. Gradually the patient is allowed to take longer walks, and finally is advised to ascend the hills slowly, the injunction always being given to *stop before the point of fatigue is reached*. Rest in the open air, even in the coldest days of winter, is a marked feature of the treatment, the patient being wrapped in blankets and allowed to remain for hours in a sheltered portion of the piazza in the sunshine. Drugs are avoided as much as possible,

³ Dr. S. E. Solly, in his paper on "Climate," in Vol. I of "Hare's System of Therapeutics," gives some elaborate and interesting tables of statistics, the one which bears upon this special point being as follows:

Comparison between Open Resorts (that is, hotels, boarding-houses in health resorts), and Sanitariums in Low Climates.

	No. of cases.	Per cent. cured.	Per cent. benefited.
All stages of disease.			
Open resorts in low climates	1,724	6	46
Sanitariums	2,443	13	27½
First stage of disease.			
Open resorts in low climates	625	5	45
Sanitariums	89	31½	45

unless it be some tonic to increase the appetite, an aid to digestion, or some simple cough-syrup.

The daily or tri-weekly use of the pneumatic cabinet I regard as a most invaluable adjunct in the treatment of all these cases, chiefly from the calisthenic effect upon the chest. I have never seen serious deleterious effects from its judicious use; but, on the contrary, its power of increasing the amount of expansion and of improving the shape of the chest is very marked. Frequently some soothing vapor is used as an inhalation in connection with it when bronchitis is marked, but this is done as a means of alleviation only. As to the germicidal effect of any vapor within the lungs I have no faith.

Finally, in addition to the cabinet treatment, the patients are taught to take deep inspirations and to hold the breath, expelling it again as far as possible, frequently through the day, a method to which too little attention is paid generally in the treatment of any pulmonary disease.

Tuberculin has never been used at Sharon. My experience with several patients at the Carney Hospital, in Boston, just before the sanitarium was opened, when the excitement over tuberculin was at its height, made me decide that I should try other methods at Sharon until further experiments had been made by Koch himself. I have been much interested in the accounts given of late by Drs. Trudeau and von Ruck of their recent experiments with tuberculin; but although impressed always by what comes from such sources, I do not yet feel wholly convinced of the efficacy of even the modified methods of using this remedy.

I have thus given you, gentlemen, the results of three years' work in a special direction. That the amount accomplished is small I am well aware; but I

can, at any rate, say I have given you my honest and sincere impressions, and have endeavored, as far as possible, to leave out the so-called "personal equation."

I believe that the highest aim of our profession should be the aid we can give to our fellow-men, and to accomplish this, the truth, and nothing but the truth, should be tolerated. Should my conclusions seem to any one unwarranted, I ask only for honest criticism. Certain it is that I feel a pride and pleasure in giving these results, however small, to the American Climatological Association, which has been to me, ever since my connection with it, a source of great profit and pleasure.

RECORDS OF THE TEN CASES OF "ARRESTED DISEASE."

CASE I (No. 1). American, single, age forty-six, typewriter. Entered February 9, 1891. Family history rather consumptive. Never strong. Cough for four or five years, with catarrhal symptoms, loss of flesh and strength, night-sweats, dyspnoea, disturbance of digestion, etc.

Physical Examination. — Dulness in both apices, most in right. Respiration harsh in both apices, somewhat bronchial in right. Clicking râles in both apices, with sonorous and sibilant râles more or less diffused over the chest. Bacilli in sputa.

Although the case was not one where special improvement was expected, an entire cessation of active symptoms occurred. Cough and expectoration ceased. The temperature was normal. The digestion greatly improved. Patient left at the end of four months and resumed work.

Synopsis.—Chronic pulmonary tuberculosis of fibroid variety. Arrest of all active symptoms for over a

year, followed by relapse subsequent to an attack of *la grippe*, the presence of two tape-worms, and illness from swallowing ammonia by mistake.

CASE II (No. 3). American, single, age twenty-one, teacher. Entered March 31, 1891. Family history on father's side consumptive. Never strong. Has worked hard. Cough for over a year, with occasional hæmorrhages. Night-sweats. Some feverishness. Slight pain across chest. Dyspnœa. Anorexia.

Physical Examination.—Pale. Slight dulness at right apex down to fourth rib, with "crumpling" in this region. In right back dulness slight, and râles throughout. Occasional "crackling" after cough in lower portion. Bacilli in sputa.

At the end of five months all active symptoms had ceased (cough, expectoration, etc.). The physical signs at the end of that time showed a dry condition at the top of the right lung (dry râle after cough, the crackling râles having largely disappeared from the lower portion), the general condition being excellent. Against advice the patient left Sharon and returned to the arduous duties of teaching, which she continued for over a year in about the same condition, when after an illness of a few days she suddenly died, the cause of her death being unknown to the attending physician, who reported her previous condition as good.

Synopsis.—Well-marked case of catarrhal pulmonary tuberculosis in right lung. Arrest of all active symptoms for several months, with probable relapse after a year consequent upon resumption of former arduous occupation. Death after sudden short illness, fifteen months after discharge. Cause unknown.

CASE III (No. 9). American, married two years, age twenty-six, housewife. Entered June 24, 1891. Family history good. Usually well up to fifteen

months previous, when she had *la grippe*. Never well afterwards. Cough, sputa, night-sweats, loss of flesh and other phthisical symptoms. Laryngeal symptoms, aphonia, etc. Entered City Hospital, where tuberculin was used and tracheotomy performed, in Dr. Geo. B. Shattuck's service, followed by almost complete cessation of symptoms. Patient entered sanitarium at the request of Dr. Shattuck. At time of entrance there was occasional slight cough with little sputa, marked hoarseness.

Physical Examination. — Slight dulness at right apex. Harsh breathing in both apices; most marked in right, where it was rather tubular; an occasional dry click in apex, and in lower right front a few dry râles. Respiration in lower right axillary region rather obscured. The aperture of the glottis contracted, owing to old cicatrices. Epiglottis thickened with cicatrices.

The patient steadily improved in every way, and at the end of three months was discharged, September 28, 1891, to go back to her husband feeling perfectly well, the physical signs showing nothing more than an occasional faint, dry click at the end of full inspiration on the right side, and somewhat harsh breathing in the apices.

Since that time the patient has been seen once or twice, and reported a year later that she had no cough, although the last time (about a year ago) she had taken a cold and appeared at my office and promised if not better she would come again. As she was a most excellent patient, we have every reason to suppose she recovered, as we have not heard since from her.

In this case, doubtless the large part of the benefit was due to her stay at the City Hospital; but the treatment at the sanitarium, I think, served to supplement the good work already done.

Synopsis.— Pulmonary and laryngeal phthisis. Use of tuberculin in City Hospital, followed by almost complete cessation of symptoms. Cessation of symptoms at the sanitarium.

CASE IV (No. 10). American, single, age sixteen. Entered July 1, 1891. Mother died of phthisis one year before, one sister died of hip disease. Others well. Patient well until nine months previous. Phthisical symptoms appeared nine months previous to entrance, after severe overwork and taking cold. Cough; later, sputa, loss of flesh, dyspnœa, malaise, occasional fever, etc.; later, hæmoptysis.

Physical Examination.— Anæmic; sclerotics very clear: thin. Faint clicks in right apex; once or twice a “squeak” in left apex. Slightly lessened tone in right apex. Signs persisted for several months, and finally disappeared. Hæmoptysis from time to time slight. The cough finally ceased; and on the last examination about a year after entrance only a faint, dry click could be heard in the apices. The patient left June 29, 1892, at the end of a year, having gained seventeen pounds, and feeling perfectly well. Since then she has written enthusiastically of her perfect health, and has a healthful occupation away from her former unhealthy surroundings.

Synopsis.— Incipient phthisis at both apices. Arrest of disease after twelve months’ stay at Sharon.

CASE V (No. 20). American, single, age twenty-five. Entered October 6, 1891. Sent by Dr. C. Ellery Stedman. Family history not phthisical. Usually well. Began to have malaise about a year and a half before entrance. Intermittent cough for several months. Copious sputa. Pain in right chest at first. Loss of flesh.

Physical Examination.— Slight dulness at right apex. Suspicion of a râle occasionally there, with

broncho-vesicular respiration and increase of voice. Later faint râles were heard in both apices, which persisted for a time, as well as the dulness in the right apex. Occasional rise of temperature, especially after fatigue: but there was a steady improvement in symptoms, and just before her departure, six months after entrance, the râles had all disappeared, slight dulness at the right apex and prominence of right clavicle persisting.

Synopsis. — Signus of incipient phthisis in apices of both lungs. Arrest of disease after six months' stay at Sharon. Cough and sputa disappeared. Gain of twenty-eight pounds. The patient continues to write of her perfect health for the past two years, and has moved from her former damp home to one on higher land.

CASE VI (No. 24). American, single, age nineteen, factory operative. Entered November 29, 1891. History of probable pulmonary disease in the mother's family; the mother as a young woman was supposed to have pulmonary disease.

Patient had diphtheria six or seven years previous to entrance, and throat had been delicate since. Fairly well up to four years previous to entrance, when she began to work in a factory where much dust was inhaled, and frequent malaise was complained of. Coughed intermittently for two years, mostly in the morning, with rather scanty sputa occasionally streaked with blood. Once a slight hæmorrhage. Pain in the upper portion of chest on both sides. Anorexia, loss of flesh and strength. Irregular menstruation. Great nervousness.

Physical Examination. — Except for pallor, a look of weakness, lack of proper expansion of the chest, tenderness upon percussion at the apices of both lungs and later a lessened tone in the left apex, there was

little to be found in the chest; but the cough, with occasional bloody expectoration persisted for some time with varying intensity.

There was a general and steady improvement in all the symptoms. She gained eight pounds. The shape and expansion of the chest had markedly improved; and, finally, at the end of three months, as the cough and expectoration had ceased, and the patient persisted in going, contrary to advice, she was discharged.

Although the physical examination revealed only slight evidence of pulmonary disease, yet the cough and occasional hæmorrhages, loss of flesh and strength, with slight fluctuations of temperature, rendered it a very suspicious case; and it was so deemed by Dr. Sheldon, of Lynn, whose patient she had been. She has since married, and at last accounts was very well.

Synopsis. — Case with evidences of incipient pulmonary disease (cough, bloody expectoration, loss of flesh and strength, etc.). Arrest of disease.

CASE VII (No. 27). American, single, age twenty-eight, tailoress. Entered April 13, 1892. Family history somewhat phthisical. Never very strong. Subject to cough since fifteen. Working hard all winter. Slight cough for several weeks, with bloody sputa and slight hæmoptysis at times. Pain in left front at times. Feverish at first. Dyspnœa. Loss of flesh and strength, etc.

Physical Examination. — Slight variations in pitch in both apices, with obscure moist râles, and "squeak" in left apex and to a less degree in right apex. In backs obscure "crumple" heard in tops, and extending downwards somewhat. The signs persisted with some variations for some months, and from time to time there was slight hæmoptysis; but the râles finally disappeared, and the cough and expectoration ceased. Gain of eight and a half pounds. The patient left the

sanitarium September 28, 1892, at the end of six months, feeling perfectly well, and remained at her home in Canada for the ensuing winter and spring. She has since married, lives in the country, and writes of her perfect health.

Synopsis. — Signs of incipient phthisis at both apices. Arrest of disease after six months' treatment at Sharon.

CASE VIII (No. 28). English, single, age twenty-three, domestic. Entered April 14, 1892. Family history favorable. Fairly well up to three years before entrance. Had an attack of bronchitis and general debility. Recovered. One year before entrance had severe cold, with tightness and pain across chest, which symptoms persisted up to three months before entrance, when another cold caused a cough, which persisted with scanty expectoration. Loss of flesh and strength. Anorexia. Irregular menstruation.

Physical Examination. — Pale, with a tired look. Right clavicle prominent. Slight dulness in right apex, with prolonged expiration in front and very faint "crumpling." Just above the line of spine of right scapula a few dry râles. Voice increased in this region. Heart rather rapid. No murmur.

The patient steadily improved after the first month, at times raising some bloody mucus, and left at the end of five months with an entire absence of cough and expectoration, apparently well, the signs in the right apex showing a dried-up process in the lung. She has remained well ever since.

Synopsis. — Signs of incipient phthisis at apex of right lung. Arrest of disease after five months' stay at Sharon.

CASE IX (No. 37). Nova Scotian, single, age twenty-four, dressmaker. Entered October 8, 1892. Sent by Dr. R. W. Lovett. Family history negative. Ten months before entrance, developed cough, after

general debility for many months previous. Was in City Hospital, and there had all the symptoms of tubercular trouble in the lungs and intestines, and was sent to the Channing Home to die. Improved greatly, and finally came to Sharon.

Physical Examination. — Pale; dark under the eyes. Percussion not remarkable. Faint bronchovesicular respiration, and faint click or crumple upon full inspiration in right apex. In the lower right axillary region fine crepitation, probably pleuritic. The patient gained in weight, and steadily improved in every way. The cough and expectoration ceased, the temperature was normal, and at the last examination the lungs both expanded well, only a few dry râles being heard at the end of long inspiration, with prolonged expiratory murmur, the fine faint crepitation in the lower right axillary region being still present, but less marked than before. The patient felt "perfectly well, better than for many years before." She left at the end of four months, and has continued to do well since.

Synopsis. — Phthisis involving right lung. Very marked signs, with marked amelioration before entrance. Complete arrest of disease after a stay of four months at the sanitarium.

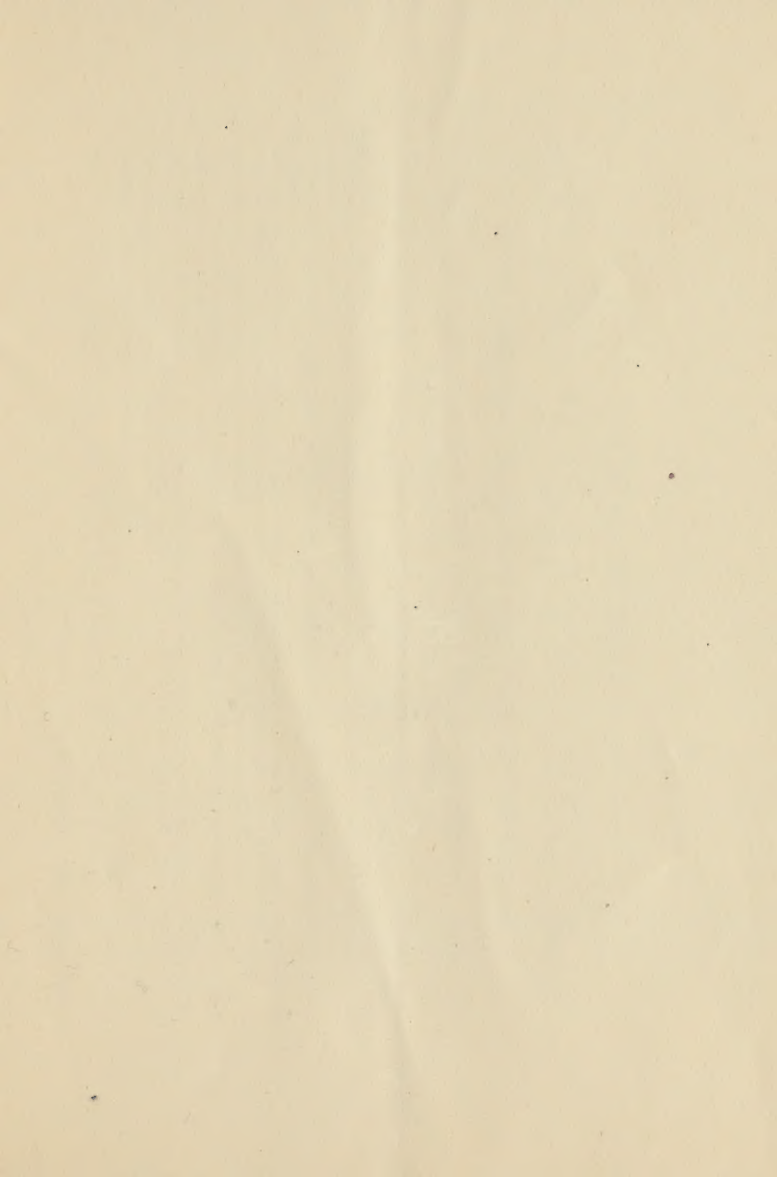
CASE X (No. 41). American, single, age twenty. Entered January 14, 1893. Sent by Dr. H. P. Jaques, of Milton. Mother died of phthisis two and a half years before patient's entrance. Mother's family consumptive. Never very strong. Uterine trouble for several years, and dyspeptic symptoms for a long time. Cough began about six or eight months previous to entrance. Improvement upon changing from her damp home to a dry one. Sputa variable, and at times streaked with blood. Night-sweats severely. Dyspnœa. Acute feverish attack after removal to

Milton, where evidence of apparently unresolved pneumonia was found at the base of right lung behind (dulness, faint bronchial breathing, faint moist râles, etc.). These signs persisted for some time, but slowly improved. Bacilli were found in the sputa. At one time there were questionable faint râles heard in the right apex.

In spite of the marked improvement in the pulmonary symptoms at the end of seven months, the uterine symptoms persisted so markedly I advised operation, and the patient was removed to the New England Hospital for Women, where she was relieved almost entirely of her previous dysmenorrhœa. The appetite and digestion after her return to Sharon were "better than ever in her life before," and the cough and expectoration finally ceased entirely, and the temperature became normal. There was a gain of eighteen pounds. After an eleven months' stay the patient went to live in the country with an aunt who has a healthy, dry house; and she writes enthusiastically of her perfect health. The last examination showed only a shade of dulness in the lower right back. Only after cough could a faint, dry crepitation be heard.

Synopsis — Tuberculosis at base of right lung. Arrest of disease after an eleven months' stay at Sharon.

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